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| SERIAL NUMBER 10/690,257 | FILING OR 371(c) DATE 10/21/2003 RULE | CLASS 706 | GROUP ART UNIT 2129 | ATTORNEY DOCKET NO. 92717-345USP1 |
| APPLICANTS Oscar A. Chappel, Odessa, FL; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/336,104 01/03/2003 and is a CIP of 09/859,320 05/16/2001 PAT 7,236,940 | | | | |
| ** FOREIGN APPLICATIONS ***** NONE | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/20/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY FL | SHEETS DRAWING 7 | TOTAL CLAIMS 21 |
| Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS 61060 | | | | |
| TITLE Method of and system for rules-based population of a knowledge base used for medical claims processing | | | | |
| FILING FEE RECEIVED 1132 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |